

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012618

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 264

Primary Registration District No. _____

Registrar's No. 64

FILED APR 9 1963

1. PLACE OF DEATH

a. COUNTY Ozarkb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Gainesville

Length of stay in 1b

Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Ozarkc. CITY
OR TOWN Gainesville

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JohnHoustonHambelton4. DATE
OF DEATH

Month

Day

Year

March31-1963

5. SEX

M

6. COLOR OR RACE

W7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

2-24-190657

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Barber

10b. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (City and state or country)

Ozark Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Chan Hambelton

13b. MOTHER'S MAIDEN NAME

Ellen Cape

14. NAME OF HUSBAND OR WIFE

Ola E. Hambelton15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)No

16. SOCIAL SECURITY NO.

2611

17. INFORMANT

Mrs. Ola E. Hambelton Gainesville

Address

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot. HeadINTERVAL BETWEEN
ONSET AND DEATH15 minConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☒HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
10:45 - 3/31/6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)Back yard of home

20f. CITY, TOWN, OR LOCATION

Gainesville

COUNTY

Ozark

STATE

Mo.

21. I attended the deceased from

11 P.M. 3/31/63

to

and last saw him alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

M. J. Hoerman MD Coroner

22b. ADDRESS

Gainesville, Mo.

22c. DATE SIGNED

3/31/6323a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

4-3-63

23c. NAME OF CEMETERY OR CREMATORY

Lilly Ridge

23d. LOCATION (City, town, or county)

Ozark Co. Mo.

(State)

24. FUNERAL DIRECTOR

Clinkingbeard

ADDRESS

Gainesville

25. DATE RECD. BY LOCAL REG.

April 2-63

26. REGISTRAR'S SIGNATURE

Barbara Shaw

(Licensed Embellisher Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Cherry

Licensed Embalmer No.

4885

P. O. Address

Gainesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.